

NOTES ON ULCERATIVE GRANULOMA

BY

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The following notes on cases of Granuloma among Australian aborigines may be of interest, as they present some rather unusual features. The patients were treated at the Australian Institute of Tropical Medicine, Townsville.

CASE 1. Male, aet. about 50. The disease was first noticed about two years before admission to hospital; it began on the usual site, viz., the penis, and spread slowly and continuously. After this lesion had existed for some months, an ulcer appeared under the chin in the fold of the neck.

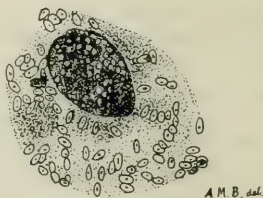
When first examined, the case presented the following appearance. The ulcer, which began on the penis, had spread until it reached from one anterior superior iliac spine to the other, and the penis itself had sloughed completely away, leaving the urethra to open in the middle of the ulcerated surface. The ulcer on the neck was about one and a half inches wide, and extended across under the chin, from one angle of the jaw to the other, the sub-maxillary lymphatic glands on both sides were considerably swollen, with consequent difficulty in opening the mouth.

The two lesions were similar in appearance, having clear-cut edges and shallow bases; they did not exhibit any granulomatous masses on their surfaces. Diagnosis in both ulcers was established by the discovery in them of the bodies described in Ulcerating Granuloma by Aragao and Vianna (1913).

This case presented the uncommon condition of a secondary focus of disease at a site distant from the primary, whither it had been most likely carried by the patient's hands.

CASE 2. Female, aet. 22. About three months prior to

admission to hospital the woman noticed a small nodule on the inner surface of the right upper lip; the nodule soon ulcerated, and the swelling and ulceration spread fairly rapidly. When first seen, there was a swelling of considerable size, which extended from the right upper lip, over about the anterior half of the inner side of the right cheek; there was more tumefaction and less ulceration than is generally seen in genital granuloma of the same duration. Smears made from scrapings of this growth were found to contain very numerous organisms, similar to those found in Case 1.



Typical infected large mononuclear cell from Case 2. $\times 1125$.

There was no sign of a lesion in the genital region, so the case is apparently one of primary infection in a most unusual position.

CASES 3 and 4. These were both young native women. They both had small typical granulomatous lesions on the vulva, which they stated had only been present for two or three weeks. On examining the hospital records, it was found that both these women had been treated for similar conditions previously, and that one had been discharged fourteen months and the other fifteen months previously, both being apparently cured. A further striking fact, was that on the second occasion the lesions were on exactly the same site as on the first occasion, in both cases.

These two may be cases of reinfection after cure, but the similarity in time of the second manifestation of the disease, coupled with the fact that the lesions are both in exactly the same place as on the first occasion, makes it appear that they are recurrences after apparent cure.

TREATMENT

The routine treatment adopted in all cases was the application of a simple, non-irritant, antiseptic dressing to the lesions, and the intravenous administration of tartar emetic; 1 grain in 10 c.c. of normal saline twice weekly. Larger doses were unnecessary, improvement being observed after the first or second injection, and healing continued without signs of relapse during the course of treatment. The time required for complete disappearance of the lesions was proportionate to the extent of the ulceration present; *e.g.*, the first case cited above, with two large ulcers, took about three months to heal, whereas Case 2, with a small amount of ulceration, healed in about a month.

On account of the tendency of the disease to recur, five or six injections were given after the ulcer had quite healed.

REFERENCE

- ARAGAO, H. de B., and VIANNA, G. (1913). Pesquisas sobre o Granuloma venereo. *Mem. do Instit. Oswaldo Cruz*, Vol. V. Rio de Janeiro.